



Request for Funding

- All funds must be used by May 1, 2020. A final program evaluation must be submitted by May 15, 2020. If the applicant misses the deadline but submits a final grant report by September 30th, they will be eligible to apply after one academic year. Applicants that do not submit a final grant report by the deadline of September 30th will not be considered for future funding.
 - (Requests will not be accepted without the requesting parties signature)*

*****Please complete all sections.*****

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|---|----------------------|
| | |
| Requester: | Miranda Brooking |
| Project Title: | Radio |
| School Name: | Leesburg High School |
| Academic Subject: | School Nurse |
| Grade(s): | All |
| Number of Students: | All |
| Number of Participating Teachers: | 0 |
| Amount Requested: | \$500.00 |
| List any grant funding you have received from the Foundation in the past 3 years. (include year, amount and project funded) | |
| 0 | |

Please provide a detailed budget of how funding will be expended for this project.

| Expense Category: | Amount: | Reason: |
|--|-----------------|----------------|
| Program Materials (Consumable) | | |
| Program Materials (Non-Consumable): | \$500.00 | New radio |
| Transportation: | | |
| Program Implementation (not to exceed 10%): | | |
| Other (Please Specify Expense): | | |
| TOTALS | \$500.00 | |
| In Kind Contributions that benefitted project: | | |
| Project Detail | | |
| Other Funding Sources: 0 | | |
| Program Rationale: (Why is this program important?) This will allow me to get to students faster if they are injured. Right now, someone has to come get me in the clinic or call me, this delays any treatment they need. If I had a radio I could hear the situation right away. Also if there was an emergency of another kind, I am isolated and would not know what was going on. | | |
| Program Impact: (How will the teachers and students benefit from this project?) It will allow me to respond to emergencies faster. | | |
| Program Evaluation Method: (How will you measure teacher and student success?) The safety of the students and their recovery time. | | |
| Program Timeline: (provide a project start date and completion) 1/14/2020 to end of school year | | |

Program Approved By: _____
Principal Assistant Superintendent/Superintendent

(A principal, assistant superintendent or superintendent signature is required for all requests over \$2,000.00. The superintendent's signature is required for all requests over \$5,000.00. The superintendent's signature is also required for all requests for curriculum or capital expenditures (other than building improvements)

*Requesting party has read and agrees with the funding policies of the Educational Foundation.

Signed: Miranda Brooking  Date: 1/14/2020

Printed Name: Miranda Brooking Email: _brookingm@lake.k12.fl.us

To be completed by foundation staff/board

Program meets Foundation Mission/Funding Policy: Yes or No

 Approved Denied _____

President Signature

Date